

DHSS - DLTCRP 3 Mill Road, Suite 308 Wilmington, Delaware 19806 (302) 577-6661

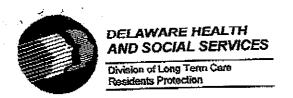
STATE SURVEY REPORT

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AME OF FACILITY: Peach Tree Agres Assisted Living

DATE SURVEY COMPLETED: June 14, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	An unannounced annual and complaint survey was conducted at this facility from June 12, 2012 through June 14, 2012. The	
	deficiencies contained in this report are based on observations, interviews, review of residents' clinical records and review of	
•	other facility documentation as indicated.  The facility census the first day of the survey was 19.	
3225	Assisted Living Facilities	
3225.17.0	Environment and Physical Plant	
3225.17.1	Each assisted living facility shall comply with applicable federal, state and local	
	laws including:	
3225.17.2.4	Have an effective pest control program.	
	This requirement is not met as evidenced by:	
	Based on record review and observations made in the dietary area, resident rooms, and common areas on 06/12/12 and	
	06/13/12, it was determined that the facility failed to have an effective pest control program. Findings include:	
	1. On 06/12/12 at 11:10 AM, three (3) flies were observed flying around the kitchen and landing on multiple surfaces.	
	2. On 06/13/12 at 10:15 AM, one (1) fly was observed in resident room #108.	
	3. On 06/13/12 at 10:45 AM, one (1) fly was observed in hallway just	



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ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

outside of the nursing office.

The Peach Tree Acres, Inc. policy and procedure for the environment and physical plant, revised March 31, 2007 indicated that; "The facility will maintain a hazardfree environment and have an effective pest control program provided by (name of the vendor)."

The pest control vendor contract did not include flies in the scope and nature of work section. Five (5) ultra-violet light fixtures with glue boards had been installed for flying insect abatement. This service agreement, #379359, was not dated.

Resident kitchens shall be available to 3225.17.6 residents either in their individual living unit or in an area readily accessible to each resident. Residents shall have access to a microwave or stove/conventional oven, refrigerator, and sink. The assisted living facility shall establish and adhere to policies and

procedures to ensure that common kitchens are used and maintained in such a way as to

provide:

Safe storage of food; and

This requirement is not met as evidenced by:

Based on observation and interview it was determined that the facility failed to store food in a safe and sanitary manner when

3225.17.2.4

The corrective action was to order an Air Curtain for the back door to prevent flies from entering the building. The Maintenance man, during his morning rounds will observe for pests in the building and report to the Administrator.

The Air Curtain will be delivered on Friday, July 13. We will review results of environmental audits twice a month at our QI meetings.

Completed: July 18, 2012

3225.17.6.2

THE Director

Date 7-3-12

rovider's Signature



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STATEMENT OF DEFICIENCIES
Specific Deficiencies

ADMINISTRATOR'S PLAN FOR CORRECTION OF DEPICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED

they stored over flow food from the facility's common kitchen into the refrigerator of one of the resident's refrigerator located in his room. Findings include:

The facility's policy and procedures for Food Safety stated:

- -Temperatures of storage areas will be monitored daily
- -Temperatures of food will be monitored

While touring the facility on 6/12/12 at approximately 9:45 AM R5's room was observed. In R5's refrigerator the surveyor observed the following items:

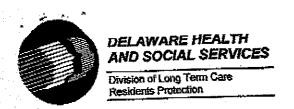
- -3 gallons of milk
- -large bag of sauerkraut
- -large commercial block of cheese
- -large container of strawberries
- -large container of grapes
- -large bag of celery
- -a box of individual yogurts
- -a roast and bag of chicken defrosting in the crisper

In the freezer the following items were found

- -3 loaves of bread
- -2 large containers of meat loaf

Also in the refrigerator was R5's water and sodas located in the door for his consumption.

On 6/12/12 at 10:30 E2 (DON) went into R5's refrigerator. E2 stated the food was the over flow food from the common kitchen. The drinks in the door belonged to the resident.



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On 6/12/12 at 10:40 AM E1

(Administrator) and E2 confirmed that the facility failed to have a thermometer or temperature log to monitor the temperature for R5's refrigerator that contained the facility's over flow food from the common kitchen. E1 and E2 also confirmed that storing the facility's over flow food from the common kitchen in a resident's refrigerator was not safe or sanitary.

3225.17.6.2

The facility food was removed immediately from R5's refrigerator.

The 9 other resident's with refrigerators were checked for facility overflow as well.

There were no other resident refrigerator's used as overflow.

A refrigerator audit was added to weekly environmental rounds. All Staff were made aware that this was no longer an accepted practice on June 15, 2012. The results of the refrigerator audit will be reviewed twice a month at our QI Meetings.

Completed: June 18, 2012